Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Co							ımn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								ſ	RATE	FEE	7	RATE	FEE	
FC	PR			NUMBER FILED		NUME	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TC	TAL CHARGE	ABLE	CLAIMS	minus 20=					X\$ 9=		OR	X\$18=		
INC	PEPENDENT C	LAIMS	}	m	inus 3 =	*			X42=	·	OR	X84=		
MU	ILTIPLE DEPEN	NDEN.	T CLAIM P	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								Ļ	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PRESENT									SMALL	ENTITY	OR	OTHER		
AMENDMENT A		RE				BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	130	Minus	** 1	30	<u> </u>		X\$ 9=		OR	X\$18=	•	
AME	Independent	*	15	Minus	*** /	5			X42=		OR	X84=	·	
	FIRST PRESE	NIAI	ION OF M	ULTIPLE DE	PENDENI	CLAIM			+140=		OR	+280=	1,	
	⁄³l							· L	TOTAL DDIT. FEE		OR.	TOTAL ADDIT, FEE		
	G	(Column 3)												
AMENDMENT B		RE	CLAIMS MAINING AFTER ENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	13		Minus	**/3	0	=		X\$ 9=		OR	X\$18=		
AME	Independent		<u>s</u>	Minus	***! 5		-	ı	X42=		OR	X84=	_	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=			+280=		
								L	TOTAL		OR	TOTAL		
٠.	11							ΑĬ	DDIT. FEE		OR ,	ADDIT. FEE		
			lumn 1)		(Colum							1		
ENTC		REI	REMAINING AFTER MENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total	*	04	Minus	*13	0	= 0	b	X\$ 9≥		OR	X\$18 =		
	Independent	*	12	Minus	*** 1 5	5	- 0		X42=		OR	X84=	<u> </u>	
	FIRST PRESE	ŀ			Un		:							
. * H	the entry in colu	mn 1 io	lose than th	ne entry in colu	ımn 2 write	"O" in col	umn 3	L	+140=		OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

233145

CLAIMS AS FILED - PART I										SMALL ENTITY			OTHER THAN		
Ļ	200	-	(Column 1)			(Co	7	TYPE		OF		SMALL ENTITY			
4	OR		NUMB	ER FILEI	D	NUMBER		RATE	FEE		RATE	FEE			
B	ASIC FEE							lΓ		380.00	OF	·	760.0	0	
T	OTAL CLAIMS		30) min	us 20=	* 10		\prod	X\$ 9=		OF	X\$18=	180,	Ò	
INI	DEPENDENT C	LAIMS	5	min	us 3 =	• · <u>2</u>			X39=		OR	X78=		οŌ	
MULTIPLE DEPENDENT CLAIM PRESENT												150	_		
* If	the difference	ımn 1 is	less than	L	TOTAL	+	OR		1096ª	5					
	C	S AS A	MEND		.0.72	<u> </u>	OTHER THA			_					
		(Colu	umn 1)		(0	olumn 2)	(Column 3)		MALL	ENTITY	OR		ENTITY	i	
AMENDMENT A		REM.	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE		
	Total -	•		Minus	**		=	:	X\$ 9=		OR	X\$18=			
	Independent	*	N OF M	Minus		51.5 01 411	=		X39=		OR	X78=	7	1	
	THOTPHESE	NIANO	N OF MI	JETIPLE L	EPEND	ENT CLAIN		 -	130=		OR	+260=		٦	
								L	TOTAL			TOTAL		4	
		(Colu	<u>mn 1)</u>		(C	olumn 2)	(Column 3)	ADI	OIT. FEE			ADDIT. FEE	<u> </u>	┨	
٥			UMS UNING		-	IIGHEST IUMBER	PRESENT			ADDI-	1 1		ADDI-	┨	
Z		AMEN	TER DMENT		PR	EVIOUSLY AID FOR	EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE	-	
	Total	•	0	Minus	** 0	20	=	×	\$ 9=		OR	X\$18=		1	
-	Independent FIRST PRESE	ENTATION OF M		Minus •••• ULTIPLE DEPENDE		ENTE CLAIM		>	(39=		OR	X78=		1	
		MATIO	TOP MIO	LIPLED	EPEND	ENT CLAIM			130=			+260=	1	1	
		-						_	TOTAL		OR OR	TOTAL	-	┨	
		(Colur	mn 1)		(Cc	olumn 2) -	(Column 3)	ADD	IT. FEE L		JOR ,	ODIT. FEE		┨	
<u>.</u> -	7	CLA REMA			Н	IGHEST UMBER	PRESENT		Ŧ	ADDI-	Г	. —	ADDI-	4	
		AFT AMEND	ER		PRE	VIOUSLY AID FOR	EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL		
		ئ/ •	30	Minus	**	3 5	-18	X	\$ 9=		OR	X\$18=	FEE 1350,	1	
_		• /		Minus	***	130	= /0	X	39=		ı			4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=											OR		800	1	
lf 1	If the entry in c lumn 1 is less than the entry in column 2, write "0" in column 3.									·	OR	+260=			
" If the Minnest Number Province to the Park East In the Connect															
11	i migriest NUMI	er Previo	usiy Paid	For (Total	or Indepe	endent) is the	highest number	found in	th app	ropriate box	in colu	mn 1. 🗸		14	